

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
 Candidates for Statewide Offices and General Assembly
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

Office Use Only

Page 1 of 25

SUMMARY PAGE

1. NAME OF COMMITTEE				
Burlington Republican Town Committee				
2. TREASURER NAME				
Title	First	MI	Last	Suffix
	Donna		Mullen	
3. TREASURER ADDRESS				
Street Address		City	State	Zip Code
65 CANTON RD		BURLINGTON	CT	06013
4. ELECTION DATE	5. OFFICE SOUGHT (if applicable)			6. DISTRICT CODE (if applicable)
7. CANDIDATE NAME				
Title	First	MI	Last	Suffix
8. TYPE OF REPORT				
January 10 Filing				
9. PERIOD COVERED				
	Beginning Date		Ending Date	
	10/24/2007	thru	12/31/2007	
10. CERTIFICATION				
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.				
Electronic Filing	Donna Mullen	01/07/2008		
TREASURER (SIGNATURE)	PRINT NAME OF THE SIGNER	DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.				

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Burlington Republican Town Committee	01/10/2008	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other		\$1,811.06
12. Balance on hand at the beginning of Reporting Period	\$669.44	
13. Contributions received from Individuals (Section A and B)	\$50.00	\$7,567.00
14. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$250.00
15. Other Monetary Receipts (Section D-K)	\$0.08	\$2.80
16a. Total Small Food and Beverage Receipts at Fair (Section L1)	\$0.00	\$0.00
16b. Total Proceeds from Small purchases at Tag Sales, Auctions or Other Sales (Section L	\$0.00	\$0.00
16c. Total Purchases of Advertising in a Program Book (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$50.08	\$7,819.80
18. Subtotals (add totals in line 12 + line 17 in Column A and in line 11 + 17 in Column B)	\$50.08	\$9,630.86
19. Expenses Paid by Committee (Section P)	\$0.00	\$8,911.34
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18)	\$719.52	\$719.52
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$732.19	\$732.19
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O)	\$0.00	\$0.00
25. Beginning Loan Balance	\$0.00	\$0.00
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan(s)	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	\$0.00
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Section A-K)

Page 1 of 1

NAME OF COMMITTEE						FILING DUE DATE		
Burlington Republican Town Committee						01/10/2008		
A. Total Contributions from Small Contributors-Received this Period ONLY								
<i>(See instructions for definition of Small Contributor)</i>						Subtotal Section		
						\$0.00		
B. Itemized Contributions from Individuals								
Last Name Doerr		First Jeanne		MI	Principal Occupation Housewife		Amount of Contribution	
Residential Street Address 28 Woodhaven Dr		City BURLINGTON		State CT	Zip Code 06013	Name of Employer None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 10/25/2007	Aggregate Contribution \$130.00	\$50.00	
Total of Section B							\$50.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS							\$50.00	
(Sections A & B) <i>(Total on Line 14 of Summary Page)</i>								

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
-------------------	-------------------

Address	Is this contribution associated with a fundraising event listed in Section J1?	Amount of Contribution
City	Yes If yes, list Event # No	State Zip Code Date Received Aggregate Contributions

Total of Section C1

I. MONETARY RECEIPTS (Section A-I)

Page 1 of 1

NAME OF COMMITTEE

FILING DUE DATE

C2. Reimbursements or Payments from other Committees

Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Contribution
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services Surplus Distribution	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE

D. Loans Received this Period

Name of Lender				Source of Loan:	Is there a cosigner or Guarantor of this loan?	Amount Received
Street Address	City	State	Zip Code	Bank Candidate Individual Other	Yes No	
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code	Date Received		

Total of Section D

I. MONETARY RECEIPTS (Section A-K)	
NAME OF COMMITTEE	FILING DUE DATE
E. Receipts from Entities other than Individuals or Other Committees	
Name	
Street Address	Date Received
City	State
Zip Code	Aggregate Contributions
Total of Section E	
Amount Received	

I. MONETARY RECEIPTS (Section A-I)		
NAME OF COMMITTEE		FILING DUE DATE
F. Amount Transferred from Affiliated Business Treasury		
Is this transaction associated with a fundraising event listed in Section L1?	Date Received	Amount
Yes No If yes, list Event #		
Total Transfers		

I. MONETARY RECEIPTS (Section A-I)	
NAME OF COMMITTEE	FILING DUE DATE
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury	
Date Received	Amount
	Total Transfers

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE

E. Personal Funds of the Candidate Received this Period

Date Received	Amount	Method of Payment
		Cash Personal Check Credit/Debit Card
Total Amount Received		

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE					FILING DUE DATE
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total Amount Received					

I. Monetary Receipts (Section A-I)				
NAME OF COMMITTEE	FILING DUE DATE			
Burlington Republican Town Committee	01/10/2008			
J. Interest from Deposits in Authorized Accounts				
Name of Institution	Date Received	Total Amount Received		
Farmington Savings Bank	12/31/2007			
Street Address	City	State	Zip Code	\$0.08
253 Spielman Highway	BURLINGTON	CT	06013	
Total of Section J				\$0.08

I. MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE			FILING DUE DATE	
K. Miscellaneous Monetary Receipts not Considered Contributions				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Total of Section I				

II. FUNDRAISING EVENT ACTIVITY

II. FUNDRAISING EVENT ACTIVITY					
NAME OF COMMITTEE				FILING DUE DATE	
L1. Fundraising Event Information					
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City	State	Zip Code
Was this fundraising event hosted at a personal residence?		Yes	No		
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?		Yes	No		
Was this fundraiser a tag sale, auction, or other sale of donated items?		Yes	No		
<i>Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)</i>					
Were there purchasers of advertising space in a program book associated with this fundraiser?		Yes	No		
<i>Subpart 3: (Town Committees ONLY)</i>					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?		Yes	No	Total Receipts from small purchases	
Total of Receipts from Section L1					

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE

L2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of the Purchaser	Last name	First name	MI	Method of payment:			Aggregate Amount of Purchases
				Cash	Personal Check	Credit/Debit Card	
Residential Street Address	City	State	Zip Code	Date Received	Event #		
Items Purchased							

Total of all small purchases from Tag Sales, Auctions or Other Sales of Donated I

--	--

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE

L3. Purchases of Advertising in a Program Book

Name of the Purchaser			Business Entity		Date Received	Amount of Purchase
			Yes	No		
Street Address	City	State	Zip Code	Event #	Aggregate Purchases for All Events	

Total of All Small Purchases from TAG SALES, AUCTIONS or other SALES or DONATED ITE

II. FUNDRAISING EVENT ACTIVITY						
NAME OF COMMITTEE					FILING DUE DATE	
L4. In-Kind Donations Not Considered Contributions						
Name of the Donor				'Donation Given by:		Fair Market Value of Donation
				Individual Business Entity		
Street Address		City	State	Zip Code	Aggregate value for this event	
Description of Donation			Date Received	Event #		
Total of All IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS						

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Burlington Republican Town Committee	01/10/2008

M. In-Kind Contributions

Name Christopher Dupras				Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other		Fair Market Value of this Contribution
Street Address 10 Northridge Road		City BURLINGTON	State CT	Zip Code 06013		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date Received 10/27/2007	
Is this contribution associated with a fundraising event listed in Section II? If yes, list Event#		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of In-Kind Contribution Stationary and postage		Aggregate contributions \$1,081.97
						\$641.97

Name Roger Powell				Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other		Fair Market Value of this Contribution
Street Address 76 Charlois Way		City BURLINGTON	State CT	Zip Code 06013		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date Received 10/28/2007	
Is this contribution associated with a fundraising event listed in Section II? If yes, list Event#		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of In-Kind Contribution Envelopes, paper and stamps		Aggregate contributions \$465.22
						\$90.22

Total of All In-Kind Contributions

\$732.19

III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE

N. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made	Amount of Deposit
Street Address	City	State	Zip Code	
Name of Telephone company				
Street Address	City	State	Zip Code	
Total of Section N				

III. NONMONETARY RECEIPTS					
NAME OF COMMITTEE					FILING DUE DATE
O. Non-Monetary Receipts of Orgnaization Expenditures Made By Legislative Leadership, Legislative Caucus, and Pary Committee					
Name of Committee			Name of Treasurer		
Street Address				Date Notice Received	Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure A B C D E		
Total of Section O					

IV. EXPENDITURES										
NAME OF COMMITTEE								FILING DUE DATE		
P. Expenses Paid By Committee										
Name of Payee					Date of Payment		Method of Payment		Amount	
Street Address					City	State	Zip Code	Purpose of Expenditure		Check #
Description					Event #					Debid Card
Type of Expenditure <i>(if applicable)</i> Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization <i>(see Instructions)</i> A B C D E			Other Candidate(s) Name		Office Sought		Supported Opposed			
Total of All Expenses Paid By Committee										

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE

Q. Campaign Expenses Paid By Candidate

Name of Payee				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		No	
Purpose of Expenditure	Description			Event #		
Total of All Expenses Paid By Candidate						

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
R. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit C		
				Visa Master Card Discover American Other		
Name of Vendor				Date of Transaction		Amount
Street Address	City	State	Zip Code			
Purpose of Expenditure	Description			Event #		
Total of All Expenses Incurred on Committee Credit Card						

IV. EXPENDITURES							
NAME OF COMMITTEE					FILING DUE DATE		
S. Expenses Incurred By Committee but Not Paid During this Period							
Name of Creditor				Date Incurred		Amount Incurred (Estimate or Actual)	
Street Address		City	State	Zip Code	Purpose of Expenditure		
Description				Event #			
Type of Expenditure <i>(if applicable)</i> Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization <i>(see Instructions)</i> A B C D E			Other Candidate(s) Name		Office Sought		Supported Opposed
Total of All Expenses Paid By Committee but Not Pai							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE

T. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant		Date of Payment	Method of Payment		Amount
Secondary Payee		Purpose of Expenditure	Check #	Debid Card	
Street Address	City	State	Zip Code		
Description					
Type of Expenditure <i>(if applicable)</i>	Other Candidate(s) Name	Office Sought	Supported		
Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization <i>(see Instructions)</i> A B C D E			Opposed		

Total of All Itemization of Reimbursements to Committee Workers and Consultants